

DR. VICTOR URZOLA

PLASTIC AND RECONSTRUCTIVE SURGERY
L A S E R C E N T E R

I _____ passport ID number _____ have received detailed and understandable information, foreseeable risks and side effects about STEM CELLS PROCEDURE.

This treatment does not warranty a 100% success onlipo-filling to your breasts and this procedure is a new option to patients with breast illness.

I fully use my powers and absolute understanding of the complications that can occur during the procedure, which I have asked you practice, I agree to these conditions.

Name: _____

ID: _____

Signature: _____

Witness:

Name: _____

ID: _____

Signature: _____